

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Richard Katz

COURT CASE NUMBER
3:15-cv-01187

DEFENDANT
NBME / USMLE Organization

TYPE OF PROCESS
Complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

National Board of Medical Examiners HOUSE COUNSEL

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

3750 Market Street Philadelphia, PA 19104

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Richard Katz
3364 Parker Lane
East Stroudsburg, PA
18301

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

2

Check for service
on U.S.A.

FILED

SORANTON

JUN 25 2015

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN PERFORMING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

NBME HOUSE COUNSEL Needs to be served.
215-590-9500

Mon-Fri 9:00 AM to 5:00 PM

PER

DEPUTY CLERK

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(570) 517-9314

DATE

6/23/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No

District to
Serve

No

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount of payment received on
Account of this process

\$0.00

REMARKS:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Richard Katz
3364 Parker Lane
East Stroudsburg PA
18301

RECEIVED
SCRANTON

JUN 25 2015

PER [Signature]
[Stamp]

LEHIGH VALLEY PA 180

24 JUN 2015 PM 3 L



OFFICE OF THE CLERK
United States District Court
for the
Middle District of Pennsylvania
235 North Washington Ave
P.O. Box 1148
Scranton PA 18501-1148

18501114848

